

Name  
in  
Full

Still Born.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keystown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1903	Month	3	Day	1
Age		Years		Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation			Birth-place		
Where Residing If not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Charles M. Alsip</i>			Father's Birthplace	
Mother's Maiden Name	<i>Sadie Morgan</i>			Mother's Birthplace	
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Morrison</i>	
	Address <i>Keystown,</i>	
Accident or Suicide?		

True copy,  
BR Schell

July 11, 1907

Name  
in  
Full

I do F. Bonner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Magistown</i>		Town		County <i>Washington</i>			
Date of death	1903	Month	3	Day	17	Age	27
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place		Months	11
Occupation		Where Residing if not at place of death		Days		14	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Wm F Bonner</i>		Father's Birthplace					
Mother's Maiden Name <i>Annak Boward</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

Primary	<i>Epilepsy</i>	How long	<i>never</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

*C. D. Worcham*  
*Magistown, Md*

Accident or Suicide?

True copy,  
L. P. Schellen

July 11, 1904

Name  
in  
Full

Elizabeth Bester

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Washington</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	Month <i>3</i>	Day <i>18</i>	Age <i>83</i>	Months <i>3</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>N. H.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Bester</i>				
Father's Name <i>Geo. Stark</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Ely. Bannur.</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>—</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>A. J. Stauffer</i>
	Address <i>Wagerstown, Md.</i>
Accident or Suicide? <i>—</i>	

C.R. Schell

July 11, 1904

True Copy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *G. Walter Boroman*  
 Died at *Stagustown* <sup>Town</sup> *Washington* <sup>County</sup>  
 Date of death *1903* <sup>Month</sup> *3* <sup>Day</sup> *2* <sup>Years</sup> *43* <sup>Months</sup> *0* <sup>Days</sup> *0*  
 Sex *Male* Color or Race *white* Birth-place *Stagustown*

Occupation *Retired* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Lilly Boroman*

Father's Name *Gro. R. Boroman* Father's Birthplace *—*

Mother's Maiden Name *Katharine Greenawald* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

Primary *Paresis* How long *—*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E. A. Hareham*

Address

*Stagustown, Md.*

Accident or Suicide?

True Copy  
C. A. Scheer

July 11, 1904



Name  
in  
Full

Arthur F Bowers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Beaver Creek* <sup>Town</sup> *Wash.* <sup>County</sup>

MARYLAND

Date of death 190 *3* Month *3* Day *17* Age *0* Years Months *5* Days *0*Sex *male* Color or Race *white* Birthplace *Beaver Creek*Occupation *—* Where Residing if not at place of deathMarried, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Charles Bowers*

Father's Birthplace

Mother's Maiden Name *Carrie Fulton*

Mother's Birthplace

Name of person giving Information *—*

How related to deceased

## CAUSES OF DEATH

Primary *Double Pneumonia*How long *4 days*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Suggman*Address *Beaver Creek, Md.*PHYSICIAN  
OR CORONER

Accident or Suicide?

True copy  
W. R. Scheele

July 11, 1904.

Name  
in  
Full

Daisy Bell Brown.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Hagerstown.* <sup>County</sup> *Washington.*Date of death <sup>Month</sup> *1903* <sup>Day</sup> *3* <sup>Years</sup> *8* <sup>Months</sup> *20* <sup>Days</sup> *8* *11*Sex *Female* Color or Race *White* Birth-place *—*Occupation *Housewife* Where Residing if not at place of death *—*Married, Single or Widowed *Widow* Name of Wife or Husband *Sam Brown.*Father's Name *Emos Reynolds* Father's Birthplace *—*Mother's Maiden Name *Martha B. Baker.* Mother's Birthplace *—*Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

Primary *Grippe.* How long *1 week.*  
Immediate *Acute Peritonitis* How long *2 days.*Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

*O. H. W. Ragau*  
*Hagerstown, Md.*PHYSICIAN  
OR CORONERAccident or Suicide? *8*

True copy.

L. P. Schuler

July 11, 1902

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John H. Crow*  
 Died at *Spring Grove.* Town \_\_\_\_\_ County \_\_\_\_\_  
 Date of death *1903* Month *3* Day *22* Age \_\_\_\_\_  
 Sex *Male* Color or Race *White* Birth-place \_\_\_\_\_  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

MARYLAND

Married, Single or Widowed *Widower*

Name of Wife or Husband \_\_\_\_\_

Father's Name *Phillip Crow.*

Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Birthplace \_\_\_\_\_

Name of person giving Information \_\_\_\_\_

How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

Primary *Chronic Nephritis*  
 Immediate *Exhaustion*

How long \_\_\_\_\_

How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. Richard*

Address *Fairplay, Md*

Accident or Suicide? \_\_\_\_\_

True copy.

C. A. Schiller

July 11. 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John F. Delauney* Town *Sharpsburg* County *Wash.*

Died at *Sharpsburg*

Date of death *1903* Month *3* Day *20* Age *48* Years Months *11* Days *11*

Sex *Male* Color or Race *white* Birth-place

Occupation \_\_\_\_\_ Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Sarissa Delauney*

Father's Name *John C. Delauney* Father's Birthplace

Mother's Maiden Name *Susanne Ford* Mother's Birthplace

Name of person giving Information \_\_\_\_\_ How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General Debility* How long *3 yrs.*

Immediate *Exhaustion* How long "

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *D. H. Gardner*

Address *Sharpsburg, Md.*

Accident or Suicide? *8*

True copy.  
to R. Schellur,

July 11, 1904,



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Smokebourn* <sup>Town</sup> *Wash.* <sup>County</sup>Date of death *1903* <sup>Month</sup> *3* <sup>Day</sup> *8* <sup>Age</sup> *60* <sup>Years</sup> *0* <sup>Months</sup> *0* <sup>Days</sup>Sex *male* Color or Race *white* Birth-placeOccupation *Stone Cutter.* Where Residing if not at place of deathMarried, Single or Widowed *Married.* Name of Wife or HusbandFather's Name *Henry Dick* Father's BirthplaceMother's Maiden Name *Dorothy Beachley.* Mother's Birthplace

Name of person giving Information How related to deceased

## CAUSES OF DEATH

Primary *Typhoid Pneumonia.* How long *8 days.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician

Address

Accident or Suicide?

True Copy.  
C.R. Schell

July 11, 1904

TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>John A. Dugan.</i>				CERTIFICATE OF DEATH			
	Died at <i>Williamsport</i> <sup>Town</sup>				<i>Washington</i> <sup>County</sup>			
	Date of death <i>1903</i>		Month <i>3</i>	Day <i>8</i>	Age <i>69</i>	Years	Months <i>0</i>	Days <i>0</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed <i>Married.</i>		Name of Wife or Husband <i>Ellen Dugan</i>					
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased				

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Atherosclerotic Condition of Arteries</i>		How long	<i>24 Hours.</i>
	Immediate	<i>Cerebral Hemorrhage</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	<i>Yes.</i>		Address	<i>Williamsport, Md</i>	
	Accident or Suicide?				

True copy  
LR Scheele

July 11, 1904

Name in Full		Raymond Cusminger,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Williamsport,		County Washington		MARYLAND
	Date of death		1903	Month 3	Day 18	Years 14	Months 0
	Sex		Male		Color or Race white		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Samuel Cusminger				Father's Birthplace
	Mother's Maiden Name		Rachanue Dodd.				Mother's Birthplace
Name of person giving information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Diphtheria				How long
	Immediate		W. Richardson				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. Richardson		
					Address Williamsport		
Accident or Suicide?							

True copy,

LeR Schuler

July 11, 1904

Name  
in  
Full

Eva Myrtle Gutmacher.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Locust Grove <sup>County</sup> Washington MARYLAND

Date of death 1903 <sup>Month</sup> 3 <sup>Day</sup> 3 <sup>Age</sup> 6 <sup>Years</sup> 4 <sup>Months</sup> 3 <sup>Days</sup>

Sex Female Color or Race white Birth-place

Occupation \_\_\_\_\_ Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband

Father's Name John Gutmacher. Father's Birthplace

Mother's Maiden Name Mary A. Mulkenborn Mother's Birthplace

Name of person giving information \_\_\_\_\_ How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Influenza How long

Immediate Peritonitis How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician J. S. Davis

Address Douglasboro, Md.

Accident or Suicide? ☒

True Cope.  
C.A. Scheller

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July 11, 1904,



Name  
in  
Full

Chas. M. Geaford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death	1903	Month 3	Day 6	Age 2	Years 2	Months 2	Days 16
Sex	male		Color or Race	white		Birth-place	
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Merton F. Geaford					Father's Birthplace	
Mother's Maiden Name	Minnie D. Macomber					Mother's Birthplace	—
Name of person giving information	—					How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis		How long	4 days
Immediate	Convulsions		How long	4
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Theo. Boose
			Address	Williamsport, Md.
Accident or Suicide?				

True Copy  
W. P. Schell

July 11, 1904.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John J. Galar.*

Died at *Mapleville* Town *Hoshington* County

Date of death 190*3* Month *3* Day *18* Age *73* Years Months *0* Days *0*

Sex *male* Color or Race *white* Birth-place

Occupation *Stock Dealer.* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Maudie Galar.*

Father's Name *John Galar.* Father's Birthplace

Mother's Maiden Name - Mother's Birthplace

Name of person giving Information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Chronic Gastric-Enteritis* How long *2 yrs.*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *J. Hubert Wade.*

Address *Douglasboro*

Accident or Suicide?

True copy,  
B. R. Scheer

July 11, 1907,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Catharine E. Good*

Town *Hagustown* County *Washington* MARYLAND

Died at *Hagustown*

Date of death 1903 3 27 Age 3 Months 0 Days 1

Sex *Female* Color or Race *White* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Dory Good* Father's Birthplace *—*

Mother's Maiden Name *Annie Bovey* Mother's Birthplace *—*

Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Diphtheria* How long *—*

Immediate *"* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Dr. Chitzman*

Address *Wells Run Pa*

Accident or Suicide? *2*

True copy  
CR Schell

July 11/04.

Name  
in  
Full

Ruth Harriet Grove

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brounston		County Washington		MARYLAND	
Date of death	1903	Month 3	Day 5	Age 2	Years	Months 0	Days 0
Sex	Female		Color or Race	white		Birth- place	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Charles L. Grove			Father's Birthplace	
Mother's Maiden Name			Emma R. Reese			Mother's Birthplace	
Name of person giving In formation						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Congestion of Brain		How long	3 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. B. Wheeler, Son.	
		Address	Brounston.	
Accident or Suicide?				

True copy,  
C. R. Schum

July 11, 1904



Name  
in  
Full

Ernest Grush

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frankston</i>		County <i>Washington</i>		MARYLAND	
Date of death	1903	Month 3	Day 28	Age 19	Years	Months 9	Days 20
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	<i>Single.</i>		Name of Wife or Husband				
Father's Name	<i>Fred. Grush.</i>					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Mungud</i>		
	Address <i>Frankston, Md</i>		
Accident or Suicide?	<input checked="" type="checkbox"/>		

True copy.  
Chas. Schum

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stagustown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	Month <i>3</i>	Day <i>2</i>	Years <i>80</i>	Months <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Occupation <i>Miller</i>		Where Residing if not at place of death —			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna Hammons</i>			
Father's Name <i>Nicholas Hammons</i>		Father's Birthplace —			
Mother's Maiden Name <i>Anna Ridge</i>		Mother's Birthplace —			
Name of person giving information		How related to deceased —			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 days</i>
Immediate <i>Heart failure</i>	How long "
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Schell</i>
	Address <i>Stagustown Md</i>
Accident or Suicide?	

True Copy,  
W. R. Schuman

July 11, 1904.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keop Tych.</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>3</i>	Month <i>2</i>	Day <i>2</i>	Age <i>76</i>	Years <i>10</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>John Hefelbower</i>	Father's Birthplace				
Mother's Maiden Name <i>Hedda Arnold</i>	Mother's Birthplace				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Emphysema</i>	How long <i>4 yrs.</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Zantee</i>
	Address <i>Monroville</i>
Accident or Suicide? <i></i>	

True Copy,  
C. P. Schuler

July 11, 1904

Name in Full		Bessie Holmes				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Clearspring		Wash.		MARYLAND	
	Date of death		1903	8	31	Age 15		Months 8
	Sex		Female		Color or Race		white	Birth-place
	Occupation				Where Residing if not at place of death			
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name				Franklin Holmes.		Father's Birthplace	
	Mother's Maiden Name						Mother's Birthplace	
	Name of person giving information						How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Dropsy			How long		2 yrs
	Immediate					How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		Arthur H. H. Underwood
						Address		Clearspring, Md.
Accident or Suicide?								

True copy.

W Schuler

July 11. 1904



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dry Run</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>31</i>	Years <i>14</i>
Sex <i>Female</i>		Color or Race <i>white</i>	Birth-place
Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Frank Hornish</i>	Father's Birthplace		
Mother's Maiden Name <i>Annie Jones</i>	Mother's Birthplace		
Name of person giving information <i>?</i>	How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hart disease</i>	How long <i>22 yrs.</i>
Immediate <i>Dropsey.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. H. Dugle, Understock</i>
	Address <i>Dry Run, Md</i>
Accident or Suicide?	

True copy.  
Ch Schellie

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

J. Thomas Hubert.

Died at <i>Fairview</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1903	Month	3	Day	20	Age	84
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		Months	11
Occupation		Where Residing if not at place of death		Days		14	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name <i>Steward Hubert</i>		Mother's Maiden Name <i>Rebecca Doyal</i>		Name of person giving information		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old Age.</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Horry B. Chutzman</i>
		Address <i>Wish Run Pa</i>
Accident or Suicide?		<i>Frank. Co. Pa</i>

58

True copy  
leR Schellu

July 11/04

Name  
in  
Full

Isaiah Hughes.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>1</i>		Age <i>60</i>		Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place		Months		Days	
Occupation <i>Boatman</i>		Where Residing if not at place of death <i>Bellevue Asylum</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cynthia White</i>		Father's Name	
Father's Name		Father's Birthplace		Mother's Maiden Name		Mother's Birthplace		Name of person giving information	
How related to deceased									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>2 yrs.</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signed by <i>A. K. Coffman</i>	
		Physician	
		Address <i>Hagerstown Md</i>	
Accident or Suicide?			

True copy  
L.R. Scheen.

July 11, 1904

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Charles W. Hummrichouse

## CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Williamsport		Washington					
Date of death	1903	Month	3	Day	1	Age	78
Sex		Male		Color or Race		White	
Occupation		Retired Merchant		Where Residing if not at place of death		—	
Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Hummrichouse	
Father's Name		Chas. Hummrichouse		Father's Birthplace		—	
Mother's Maiden Name		Catherine Leary		Mother's Birthplace		—	
Name of person giving information				How related to deceased		—	

## CAUSES OF DEATH

Primary	Acute Nephritis	How long	70 years
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician

Address

Accident or Suicide?

True copy,

LeR Schuen

July 11. 1904



Name in Full		Richard Thomas Keeler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death		Month	Day	Years	Months	Days
	1903		3	26	Age 2	2	4
	Sex male		Color or Race white		Birth-place		—
	Occupation		Where Residing if not at place of death		—		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Robert D Keeler			Father's Birthplace	
Mother's Maiden Name		Rose Kahn			Mother's Birthplace		
Name of person giving information		—			How related to deceased		—
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis			How long	
						Since birth.	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
			D. P. Shaffer		Hagustown, Md.		
Accident or Suicide?							

True copy  
C. P. Schuler

---

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Lawson</i>		Town <i>Green Spring</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Green Spring Wash.</i>		Month <i>3</i>		Day <i>7</i>		Years <i>65</i>	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>7</i>		Age <i>65</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place		Months <i>0</i>	
Occupation		Where Residing if not at place of death		Days <i>0</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Disease of Heart</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>H. C. Foster</i>	
		Address <i>Clearspring Md.</i>	
Accident or Suicide?			

True copy  
C. R. Schenck

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary A. C. Leatherman*

Died at *Sharpsburg* <sup>Town</sup> *Washington* <sup>County</sup>

Date of death *1903* <sup>Month</sup> *3* <sup>Day</sup> *24* <sup>Years</sup> *53* <sup>Months</sup> *0* <sup>Days</sup> *0*

Sex *Female* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Charles T. Leatherman*

Father's Name *Edward Rautzohn* Father's Birthplace

Mother's Maiden Name *Sarah Marie* Mother's Birthplace

Name of person giving Information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *La Grippe.* How long *3 wks.*

Immediate *Pneumonia.* How long

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. H. Gardner.*

Address *Sharpsburg Md.*

Accident or Suicide?

True copy.

C. R. Schell

July 11. 1904.

Name  
in  
Full

Emma Lefever

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamsport</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>27</i>	Age <i>48</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place				
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>J. H. Lefever</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband						
Father's Name <i>Joseph Myers</i>	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>6 mos.</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. S. Richardson</i>
	Address <i>Williamsport Md</i>
Accident or Suicide?	

True Copy.  
C. P. Schell

July 11, 1904



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bellevue Asylum</i>		Town <i>Washington</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>3</i>	Day <i>30</i>	Age <i>75</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>—</i>				
Occupation <i>N. N.</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Peter Liece</i>					
Father's Name <i>Hornson Freeman</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>				How related to deceased <i>—</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of uterus</i>	How long <i>—</i>
Immediate <i>Sepsis &amp; Infection</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. B. Hornson</i>
	Address <i>Washington, Md.</i>
Accident or Suicide? <i>—</i>	

True copy.  
C. R. Schell

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie Loybold</i>		Town <i>Fargo</i>		County <i>Washington</i>		STATE <b>MARYLAND</b>	
Died at <i>Fargo</i>		Month <i>2</i>		Day <i>21</i>		Years <i>1</i>	
Date of death <i>1903</i>		Month <i>2</i>		Day <i>21</i>		Years <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Andrew Loybold</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary E. Thomas</i>		Mother's Birthplace					
Name of person giving information <i>-</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 wks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. A. Parker</i>
	Address <i>Cohrusville Md</i>
Accident or Suicide?	

True Copy.

C. R. Schell

July 11, 1904.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Cyrus Reuben Mauch</i>		Town <i>Smithsburg</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Smithsburg</i>		Date of death <i>1903</i>		Month <i>13</i>		Day <i>16</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>59</i>		Years <i>3</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Birth-place		Months <i>4</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>Lydice Brown</i>		Father's Birthplace					
Mother's Maiden Name <i>Lydice Brown</i>		Mother's Birthplace					
Name of person giving Information		How related to deceased					

## CAUSE OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Phthisis.</i>	How long <i>6 mos.</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Ashford</i>
	Address <i>Smithsburg</i>
Accident or Suicide?	

True copy.  
C. R. Schiller

July 11, 1904.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town <i>Washington</i> County		MARYLAND	
Date of death 1903	Month 3	Day 26	Age _____ Years _____ Months _____ Days _____
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place _____	
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____	Name of Wife or Husband _____		
Father's Name <i>John Arthur Monninger</i>	Father's Birthplace _____		
Mother's Maiden Name <i>Annie Wentleap</i>	Mother's Birthplace _____		
Name of person giving Information _____		How related to deceased _____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Morrison</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	

True copy,

W R Schenck

July 11, 1904



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Annie Elizabeth Mounmiger*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1903* <sup>Month</sup> *3* <sup>Day</sup> *29* <sup>Years</sup> *35* <sup>Months</sup> *4* <sup>Days</sup> *9*

Sex *Female* Color or Race *white* Birth-place

Occupation *House work* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *John Arthur Mounmiger*

Father's Name *Joseph Heutler* Father's Birthplace

Mother's Maiden Name *Mary Garrison* Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Oclampsia* How long *3 hrs.*

Immediate *Warmed* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W B Marnick*

Address *Hagerstown, Md.*

Accident or Suicide?

True copy,  
Chas. Schuler

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		3	9	79		10	0
Sex	male		Color or Race	white		Birth-place	
Occupation	Stone Mason		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband				
Father's Name		Peter Martin				Father's Birthplace	
Mother's Maiden Name		—				Mother's Birthplace	
Name of person giving information		—				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis		How long	2 yrs
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. D. [Signature]
—		Address		Brownsville
Accident or Suicide?		—		

True Copy  
L. D. Schellie

July 11. 1904,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Mayley</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>							
Date of death <i>1903</i>		Months <i>3</i>		Day <i>9</i>		Years <i>59</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>-</i>		Months <i>0</i>	
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>		Days <i>0</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>James Green</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>			
Name of person giving Information <i>-</i>				How related to deceased <i>-</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gum disease</i>		How long <i>4 mos.</i>	
Immediate <i>-</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. W. Schudel</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide? <i>8</i>			

True Copy  
C.R. Scheeler

July 11. 1904

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Name in Full <i>Josiah Cachtaine Potts</i>		Town <i>Williamsport</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>	
Died at <i>Williamsport</i>		Month <i>3</i>		Day <i>6</i>		Years <i>61</i>	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>6</i>		Age <i>61</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place		Months <i>0</i>	
Occupation <i>N. W.</i>		Where Residing if not at place of death		Days <i>12</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles A Potts</i>					
Father's Name <i>J. Leonard Worley</i>		Father's Birthplace					
Mother's Maiden Name <i>Rebecca Ridensour</i>		Mother's Birthplace					
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>	How long <i>4 yrs.</i>
	Immediate <i>Prostration</i>	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. L. Richardson</i>
		Address <i>Williamsport</i>
Accident or Suicide?		

True copy  
C. A. Scheen

July 11, 1904



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Upton Coroles.</b>		Town <b>Bellevue Asylum</b>		County <b>Hocking</b>		State <b>Ohio</b>	
Died at <b>Bellevue Asylum</b>		Date of death <b>1903</b>		Month <b>3</b>		Day <b>3</b>	
Age <b>83</b>		Years <b>83</b>		Months <b>8</b>		Days <b>6</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>—</b>			
Occupation <b>Carpenter</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Margaret Coroles.</b>					
Father's Name <b>Jacob Coroles.</b>		Father's Birthplace <b>—</b>					
Mother's Maiden Name <b>—</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>—</b>		How related to deceased <b>—</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Gen. Debility</b>	How long <b>6 mos.</b>
Immediate <b>Exhaustion</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>H. B. Meersman</b>
	Address <b>Stagustown, Md.</b>
Accident or Suicide? <b>—</b>	

True copy.

C. R. Scheele

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

True copy

CR Schieff

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Violet Pearl Ridemour.</i>		Town <i>Hagerstown.</i>		County <i>Washington.</i>		MARYLAND	
Died at							
Date of death	1903	Month	3	Day	13	Age	17
Sex <i>Female.</i>		Color or Race <i>white.</i>		Birth-place		Months	0
Occupation <i>House work.</i>		Where Residing if not at place of death				Days	4
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mr. H. Ridemour</i>		Father's Birthplace					
Mother's Maiden Name <i>Moria E. Brewer.</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>La Grippe.</i>	How long	<i>5 weeks</i>
Immediate	<i>meningitis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. A. Harkham.</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide?			

True copy  
C. P. Schuen

July 11, 1904.

Name  
in  
Full

Mory Eta Rohrer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hudgsville</i>		County <i>Washington</i>		MARYLAND	
Date	190	3	Month	3	Day	10	Age
of death	3				Years	52	Months
							0
							7
Sex	<i>Female</i>			Color or Race	<i>white</i>		Birth-place
Occupation	<i>N. W.</i>			Where Residing if not a place of death			
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband	<i>Samuel Rohrer</i>		
Father's Name	<i>Joseph Porks</i>						Father's Birthplace
Mother's Maiden Name	<i>Middlekauff</i>						Mother's Birthplace
Name of person giving Information							How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sarcoma of Thyroid Gland</i>	How long	<i>6 mos.</i>
Immediate	<i>Septic Infection</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. M. Fisher</i>	
		Address <i>Hudgsville</i>	
Accident or Suicide?			

True copy  
LeR. Schell

July 11, 1904



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Nancy Rowland				Tcwn Washington		County Washington		MARYLAND			
Died at		Date of death		Month 3		Day 4		Years 99		Months 5		Days 23	
Sex		Female		Color or Race		white		Birth- place		-			
Occupation		Housewife		Where Residing if not at place of death									
Married, Single or Widowed		Widow		Name of Wife or Husband		John S. Rowland							
Father's Name		Benjamin		Cinnert				Father's Birthplace					
Mother's Maiden Name		-						Mother's Birthplace					
Name of person giving In formation		-						How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Senility		How long	
Immediate		-		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		A. P. Stauffer	
		Address		Washington, Md	
Accident or Suicide?		8			

True Copy

leR Scheer

July 11. 1901

Name  
in  
Full

Elizabeth Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		3	20	68		0	0
Sex	Female		Color or Race	white		Birth-place	
Occupation	H. W.		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	James Ross.					Father's Birthplace	
Mother's Maiden Name	L. Lowery.					Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Brights Disease		How long	2 yrs.
Immediate	Heart Failure.		How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	
			Address	
			67 Hargrave.	
			Baltimore Md.	
Accident or Suicide?				

True copy  
LRSchuler

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Harriet Witmer Spielman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND					
Died at		Month <i>3</i>		Day <i>25</i>		Age <i>11</i>		Months <i>11</i>		Days <i>25</i>	
Date of death <i>1903</i>											
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place							
Occupation				Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband							
Father's Name <i>Edward B. Spielman</i>				Father's Birthplace							
Mother's Maiden Name <i>Julia H. Hager</i>				Mother's Birthplace							
Name of person giving information				How related to deceased							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septicemia.</i>		How long	
Immediate <i>Exhaustion.</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Victor S. Miller</i>	
		Address <i>Hagerstown Md.</i>	
Accident or Suicide?			

True copy  
L R Scheele

July 11, 1904

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Minnie Guttrude Sprucher

MARYLAND

Died at *Hyattsville* Town*Washington* CountyDate of death *1903* Month *3*Day *15*Age *27* YearsMonths *11*Days *20*Sex *Female*Color or Race *white*

Birth-place

Occupation *Domestic*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name

*John Sprucher*

Father's Birthplace

Mother's Maiden Name

*Virginia King*

Mother's Birthplace

Name of person giving information

How related to deceased

## CAUSES OF DEATH

Primary

*Tuberculosis*

How long

*Some months*

Immediate

*4*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

*C. P. Boyle*

Address

*Stagustown Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

True copy.

W. P. Schell

July 11, 1904



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ella Myrtle Swartz</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>3</i>		Day <i>21</i>		Years <i>24</i>	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>21</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Hagerstown</i>		Months <i>6</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Hagerstown</i>		Years <i>24</i>		Days <i>9</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mattie C. Swartz</i>		Father's Name <i>James Sprankle</i>		Father's Birthplace <i>Hagerstown</i>	
Mother's Maiden Name <i>Kate Davis</i>		Name of person giving information <i>Kate Davis</i>		Mother's Birthplace <i>Hagerstown</i>		How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. G. Marchant</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	

True copy

Le R Schuler

July 11, 1904,

Name  
in  
Full

Edward Sweeney.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg,</i>		Town		<i>Wosh.</i>		County		MARYLAND	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>4</i>		Age <i>33</i>		Years	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place		Months <i>9</i>		Days <i>2</i>	
Occupation <i>—</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Addie Sweeney</i>					
Father's Name <i>Patrick Sweeney</i>				Father's Birthplace					
Mother's Maiden Name <i>Annie Kendal</i>				Mother's Birthplace					
Name of person giving Information				How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever.</i>		How long <i>3 weeks</i>	
Immediate <i>Intestinal Hemorrhage.</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>E. M. Garrett</i>	
		Address <i>Sharpsburg, Md.</i>	
Accident or Suicide?			

True copy,  
B. R. Schell

July 11, 1904.

Name

to  
Full

James A. Unger.

## CERTIFICATE OF DEATH

W. Va.

~~Maryland~~Died at *Halling Waters*

Town

*Berkeley*

County

Date

of death 1923

Month

*Mar*

Day

*7*

Years

Age *23*

Months

Days

Sex

*male*Color or  
Race*white*Birth-  
place*Penna*Married, Single  
or Widowed*single*

Occupation

*R.R. Brakeman.*Name of Wife or  
HusbandFather's  
Name*John W. Unger*Father's  
Birthplace*Penna.*Mother's  
Maiden Name*Ananda Alexander*Mother's  
Birthplace*"*Name of person giving  
Information*D. F. Connor*How related  
to deceased*Brother  
in law.*

## CAUSES OF DEATH

Primary

*Suffocation*

How long

Immediate

How long

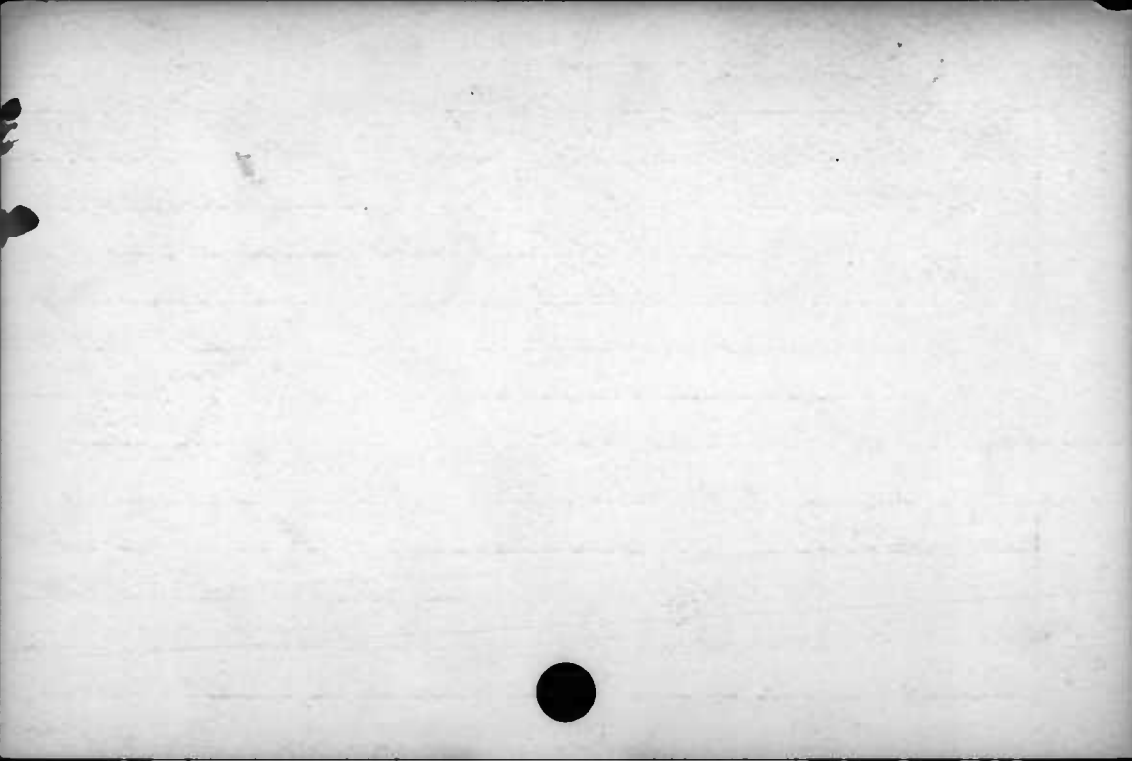
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*E. E. Hancock**Baggs*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Elano Valentine

Died at		Town		County		MARYLAND	
Haguetown		Washington					
Date of death	Year	Month	Day	Age	Years	Months	Days
1903	3	31	76	6	22		
Sex	Color or Race		Birth-place				
Female	white						
Occupation	Where Residing if not at place of death						
House work							
Married, Single or Widowed	Name of Wife or Husband						
	Geo. H. Valentine						
Father's Name	Father's Birthplace						
Albert Sumner							
Mother's Maiden Name	Mother's Birthplace						
Mary Lantz							
Name of person giving information	How related to deceased						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Paralysis	4 yrs.
Immediate	How long
Emphysema Lungs	5 days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. E. Peterson
	Address
	Haguetown, Md
Accident or Suicide?	

True copy  
CR Schell

July 11. 1904



Name  
in  
Full

Infant of Ed. W. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>3</i>	Day	Age	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place		<i>—</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Edward W. Williams</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Margaret Wallace</i>			Mother's Birthplace				
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemorrhage of Bowels.</i>	How long <i>7 hrs.</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>O. H. H. Ragan</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide?	

True copy  
W. R. Scheeler

July 11, 1904

Name  
in  
Full

Mory S. Wright.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	<i>3</i> <sup>Month</sup>	<i>31</i> <sup>Day</sup>	<i>62</i> <sup>Years</sup>	<i>0</i> <sup>Months</sup>
Sex	<i>Female</i>		Color or Race	<i>white</i>	
Occupation	<i>H. W.</i>		Where Residing if not at place of death	<i>Joseph C. Wright.</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Heart Disease</i>	How long	<i>6 yrs.</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. T. Lesher</i>
		Address	<i>Williamstown, Md</i>
Accident or Suicide?			

True Copy.  
W. Scheer

July 11/04